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A N  
INAUGURAL DISSERTATION  
ON THE  
DYSENTERY:

SUBMITTED TO THE EXAMINATION  
OF THE  
Rev. JOHN ANDREWS, S. T. D. Vice-Provost ;  
THE  
*TRUSTEES, and MEDICAL PROFESSORS*  
OF THE  
UNIVERSITY OF PENNSYLVANIA,  
FOR THE DEGREE OF  
*DOCTOR of MEDICINE,*  
In June, A. D 1805.

21373

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By BEN. CHAMPNERS, A. M.  
OF NEW-JERSEY.

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TO

WILLIAM SHIPPEN, Jun. M. D.

CASPAR WISTAR, M. D.

Professors of Anatomy, Surgery, and Midwifery ;

BENJAMIN RUSH, M. D. Professor of the Institutes and of Clinical Medicine ;

JAMES WOODHOUSE, M. D. Professor of Chemistry ;

BENJAMIN SMITH BARTON, M. D. Professor of Materia Medica, Natural History, and Botany, in the University of Pennsylvania.

GENTLEMEN,

WITH the most sincere and ardent wishes for a continuance of your health and happiness ; and the highest veneration for your pre-eminent professional abilities, this inscription is offered as a tribute of my most affectionate regard.

BEN. CHAMPNERS.





TO STEPHEN DECATUR, *Esq.*

Formerly Commodore in the American Navy.

RESPECTED SIR,

*TO you I feel greatly indebted for the disinterested friendship you manifested towards me, whilst attached to your command. That you may experience in the gratitude of your country, the just reward for the long and distinguished services you have rendered it—is the sincere wish of*

*Your obliged friend,*

*and humble servant,*

BEN. CHAMPNEYS.



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## INTRODUCTION.

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HAVING witnessed the severity of the DYSENTERY, both here and in the West-Indies, I have selected this disease as the subject of the following Dissertation.

In the discussion of this interesting subject, I cannot promise myself the pleasure of doing that justice to the performance, which its importance demands. Some of the greatest physicians of the last and present century, have hitherto failed in the completion of this most desirable object. The unsuccessful attempts of writers to investigate this calamitous disease, have led to very injurious conclusions, productive of much embarrassment and danger in the management of the cure. I am aware that the subject of which I propose to treat, is of difficult explanation; but, prompted to the undertaking in conformity to an indispensable law of this University, I have presumed to offer to the public the following pages.

Pursuing the consideration of medicine, we are naturally led to reflect on the different changes it has undergone since its first introduction: and, when we view it rising from its former rude and uncultivated situation, to its present improved state and dignified rank in science, it affords a pleasing reality of the vast improvement in human knowledge. The theories of medicine

have been almost as various as the names of diseases, consequently much error and hypothesis have prevailed. But the happy task of condensing into one view, and reducing to scientific principles all former theories; and of establishing upon unanswerable evidence the *unity of disease*, seems to have been reserved for a Professor of this University\*—And here I cannot forbear observing, how much the world is indebted to this great man. All that long catalogue of *names of diseases*, the remembrance of which constituted so great a share of the Student's labor, is now very properly renounced, not only as superfluous, but absolutely injurious, by inducing Physicians to prescribe for the "*name*" instead of the "*grade*" of disease; and the mind, unembarrassed by a slavish attention to *names*, is left to the free exercise of its powers, reasoning on the general principles of the operations of nature. In such a situation, with the spirit of enquiry which so commonly prevails, we may reasonably hope the period is not far distant, when the theory of medicine founded on FACT, and the practice established by EXPERIENCE, shall triumph over all objection.

\* Dr. Rush.

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## DYSENTERY.

THIS word in the Greek is called *Dysenteria*, and imports a Difficulty in the Intestines.—It has been emphatically termed by Latin writers, *Difficultas Intestinorum*. Celsus calls it *Tormina*.—Cælius Aurelianus, *Rheumatismus Cum Ulcere*. This disease generally makes its appearance at the latter end of summer and the beginning of autumn, and has been justly called by Dr. Sydenham, the “*Febris Introversa*,” or the “fever of the season turned upon the bowels;” or perhaps more properly the “Intestinal state of fever,” by Dr. Rush. The term Dysentery appears to be too indefinite, as it may be applied with equal propriety to various other diseases of the bowels; as Cholera Morbus, Diarrhea, and Hæmorrhage. It is likewise called the “Bloody Flux,” which appellation is quite as vague as that just mentioned, as the Hæmorrhoids and other Hæmorrhagies are equally entitled to the same name. Agreeable to the opinion of the ancients, there were various species of this disease, depending on different causes, and consequently requiring different remedies for the cure. And it has been one of the greatest difficulties the moderns have had to encounter, to do away the prejudices arising from this source. It was the misfortune of former physicians, (owing perhaps to the credulity of the times, when medicine was considered an art of conjecture) to view the operations of nature as diversified and obscure in the production of disease: and on some occasions have evidently perplexed themselves to establish this opinion: and seem to have admired nature in proportion as her causes

and effects appeared mysterious and complicated. But the veil of superstition and bigotry that so long darkened her paths, is fast removing; and it is pleasing to find, the further we penetrate into nature, the more reason we have to acknowledge and revere that harmony and simplicity which is so conspicuous in all her works.

“ From Nature’s chain whatever link you strike,  
 “ Tenth or ten thousandth, breaks the chain alike.”

Although this state of intestinal fever commonly appears in the end of summer and beginning of autumn, it is not exclusively confined to these seasons, as it is frequently to be met with in the spring, and sometimes in the winter. And it may be remarked, that at these times the intermittent and remittent fever is likewise prevalent. The Dysentery is often endemic, especially in camps and low marshy countries. Sydenham mentions its raging as an *epidemic* with great mortality in the city of London in the year 1660. Morgagni and others also notice this circumstance; and there are many instances of its having prevailed with great malignity in different parts of America, especially in the West-Indies—that country being peculiarly adapted to the production of the disease, having all the concurring causes that exist in other places, with this additional one, viz.—that the inhabitants of these islands make much use of acescent aliment and unripe fruit, which strongly predisposes them to its attacks. The complicated appearances which take place in this state of fever, have led authors to describe it very differently; and it is somewhat remarkable, that scarcely any two agree in their account of it.

Dr. Sydenham describes the epidemic Dysenteries as varying very much in their nature, which he ascribes to a *lufus naturæ*. But Sir John Pringle assures us, that of all the epidemic Dysenteries which he had seen in the army, they were of the same nature ; and in this opinion he was confirmed by the observations of Dr. Huck and others, employed during the late war, not only in Germany, but in America ; and, in their account of the disease, mention it as occurring with nearly the same symptoms, and yielding to the same method of cure.

It was before suggested, that there were cases of this complaint to be met with in every season ; yet, it rarely prevails *epidemically*, except in summer or autumn ; when, from various causes, debility in the intestines is more apt to be present. This epidemic is usually most severe at its commencement, and often becomes less so as cool weather approaches ; and, by gradually wasting itself and combining with other diseases, at length disappears.

Sydenham, in treating of the epidemic in London, of 1669, 1670, 1671, &c. mentions a Dysentery in which several had no stools at all ; but, in every other respect was highly acute, and very much exceeded in violence the Dysenteries of the following years. But, as this account has not been confirmed by the observations of succeeding authors, there is reason to believe it was a different form of intestinal fever, from that which is commonly denominated a true Dysentery : And again, he describes it as not being attended with a discharge of blood. Willis speaks of many cases



which he had seen, in which there was only a discharge of water. Sydenham observes, that "the epidemical constitution declining, the gripes were scarcely felt." Degner likewise describes a Dysentery, distinct from others, "by its contagious and bilious nature," which generally seized with great violence. A bilious affection, particularly a discharge of bile by vomiting, as far as my observations have extended, is almost always a concomitant symptom, and often proves exceedingly troublesome in its commencement: generally more so, in proportion as it approaches to the other forms of autumnal fevers; but, which is seldom so severe or frequent, as commonly attends the Cholera Morbus.

Ballonius says, "Dysenteries are either intestinal and mesenterical, or hepatic; and, that it is absurd to attribute all Dysenteries to the intestines."

The Dysentery commonly commences with the usual symptoms of fever, accompanied by an affection of the stomach; as nausea, and frequently a vomiting of bile; a sense of stricture and weight in the intestines, attended with costiveness.—At other times a Diarrhea precedes. After some of these symptoms have continued a short time, a degree of pain is felt in various parts of the Abdomen, shifting from one place to another; as the Umbilicus, Pelvis, the false Ribs, and the right and left Hypochondrium. The pain very soon becomes considerable, with a constant inclination to go to stool; and, for the most part, without much discharge. At this period there is almost an incessant chilliness, a total loss of appetite, much thirst, and the whole train of feverish symptoms—attended with great



prostration of strength, and pains in the back and limbs. The pain in the Abdomen increases, with frequent stools of Mucus and bloody matter. The fever now becomes considerable, and is *generally* of that type which Dr. Cullen calls inflammatory; but is not so invariably; as the fever often early assumes a malignant form, accompanied with all the symptoms of depression that usually attend that state of fever. In some cases the febrile symptoms are apparently mild, the whole force of the disease being concentrated in the intestines: when this happens, the pain and other symptoms are uncommonly severe. The fever is sometimes a regular intermittent. The Dysentery is often translated to the skin, and assumes the form of Erysipelas, and other cutaneous affections. The diversified appearance of the matter discharged in the course of this disease, has been differently accounted for. Formerly, when ulceration was supposed always to take place, Aretæus, and after him Archigenes, accounted for all the symptoms according to the particular gut affected and the circumstance of the sore; "which, if deep and corroding, some large blood-vessel, he supposed might occasion a mortal hæmorrhage." The termination of the disease by hæmorrhage, often occurs in persons labouring under a scorbutic affection; and, in such cases, frequently proves fatal in the course of a few hours.

Morgagni observes, that blood may come from the intestines without any rupture of the blood-vessels, and only by their greater dilatation.

In general, the hæmorrhage is rather a *favourable* symptom than otherwise, as the morbid excitement in the intestines is thereby diminished; especially

as the blood flows immediately from the parts affected. On the whole, the discharges in ordinary cases, whether of *blood* or *serum*, are not to be dreaded as much as other circumstances attending the disease. It has been a subject of dispute amongst authors, whether ulceration takes place in this form of intestinal fever : that it does, appears highly probable from the copious discharge of pus which succeeds the inflammatory stage. The following is the description given by Hippocrates :—  
 “At first there is a discharge of acrid bile ; then abrasions of the intestines follow ; afterwards blood is excreted with the abrasions : And this constitutes a true Dyfentery.”

He then proceeds :

“When abrasions of the bowels only are discharged, it is to be observed, whether any fat substance is voided with them—for then the ulcer is in the large intestines. When blood is voided, it is necessary to observe whether it is mixed universally with the excrement, or whether it is only superficially upon some part of them. If it be mixed with them, it shews that the ulcer is in the superior intestines : if it appear on the surface, the ulcer is in the inferior intestines. The same observation applies in regard to the abrasions, in some degree ; and they will also shew by their proper substance, which intestine is affected. Dyfenteries that arise from the liver, are to be discovered in this manner :—In the beginning, a thin, bloody sanies is discharged ; then by the disease increasing, a thick humour, not unlike the fœces of red wine ; but no abrasions are voided ; and sometimes during an interval of two or three days, the evacuation is—

suppressed; then returns again, with discharges much worse than the former; which is not the case when there is an ulcer in the intestines: in which the patient has neither large stools, nor long intervals between them. When the ulcer is in the rectum, the disease is called a *Tenesmus*.—It is attended with vehement straining, and a constant desire of going to stool; voiding at the same time but little; which, in the beginning, is pituitous and pinguious; but, in length of time, a species of abrasions is also voided.—But, through the whole of this disease, the fæces from the superior intestines have nothing of this sort mixed with them. Some writers mention, that after a great straining to stool, succeeded by vehement pain, a sort of callous stones have been voided, not unlike those which are generated in the bladder: but I have never seen them, nor have I heard of any person who has.”

He says, in his Comment on the Epidemics, “that there are two sorts of Dysenteries: one from an ulceration of the corroded intestines; and the other, when a copious discharge of blood from the veins of the intestines is evacuated.”

In lib. III, chap. 7, De Symptomatum Causis, he says, “there are four different species of bloody excretions, from four different causes. One of pure blood, from the loss of a limb, or from foregoing some accustomed exercise.—Another, when from an imbecility of the liver, a watery blood is discharged, like the washings of raw flesh.—The third, when a black and thinning blood is discharged. In these three species of excretions, the dis-

charges are large ; but in the fourth, the stools are smaller and more frequent. Sometimes pure blood is voided, and sometimes in a concreted state.— Sometimes a small quantity of matter ; also sloughs of ulcers, which are called *Ephelkides* ; besides membranous substances, which are parts of the intestines themselves.— With these, excrements are often voided, having drops of blood in them. This last is an ulceration of the intestines, and which only some writers will allow to be properly called a Dysentery.”

Sir John Pringle was of opinion, that ulceration of the intestines was a different ailment ; and, unless attended with the symptoms that generally accompany the Dysentery, could not constitute that disease. Morgagni observes, that in this disease the intestines are sometimes affected with ulcers, and sometimes not.— And, in another place, he takes notice of the ulceration happening only in its more advanced state. But the dissections of Morgagni, Bonetus, Cleghorn and Pringle, prove that this affection of the intestines is a very rare occurrence.

The membranous substance which is found mixed with the fœces, is the effect of inflammation, and is formed in the same manner as in the *Cinanche Trachealis*, and other inflammatory diseases.— And it is remarkable, that notwithstanding the discharges are sometimes copious, and always frequent, that natural fœces are so rarely to be found amongst them : and when they do appear, as Dr. Cullen observes, it is in the form of Scybala ; that is, in hard balls ; upon the evacuation of which, there is a suspension of pain and most of

the distressing symptoms ; which, however, is seldom of long duration ; and the frequent stools and tenesmus return again with increased violence ; and sometimes the unhappy patient's sufferings soon terminate in death. Again the disease is less violent, and of longer duration ; continuing for months and years, and attended with the most unhappy consequences—as Dyspepsia, Melancholia, and Hypochondriasis, are apt to succeed the debility which is produced by this chronic state of Dysentery. The Diarrhea, which sometimes succeeds it, particularly in warm climates, from the stimulus of acrid bile, is often very troublesome. The appearance of worms in the course of this fever, has been a subject of dispute amongst writers : some supposing that they even had a share in *producing fluxes*. That worms are often voided in these diseases, I have many times observed ; but am far from supposing that they have the most distant share in exciting them. But it is possible, and even probable, that after the formation of the complaint, they may tend to aggravate it : and the *early* appearance of worms may be deemed rather an unfavorable sign, as it is a certain indication of great morbid action in the intestines. It has been asserted, that worms, in their violent struggles to extricate themselves from their confinement, have penetrated the coats of the intestines, and been found in the cavity of the abdomen ; which, however, is very much to be doubted, as they do not seem to possess energy sufficient for any such exertion ; and their soft texture is not at all calculated for such an enterprize. The discharges accompanying worms, are generally ferous and very acrid, and



induce great irritation. In the more advanced stages of Dyfentery, the pains are diffused over the whole of the abodomen : apparently following the colon in its different flexures, and descending to the rectum, occasion much distress in the back. The pains are considerably augmented by the degree of flatulence that prevails, which is always in proportion to the quantity of fermentable matter in the stomach and intestines. The air generated in the fermentative process, sometimes distends the stomach and intestinal canal to a considerable size. The surcharge of acid which at this period often prevails in the stomach, gives rise to Cardialgia, Hiccough, &c.—And such is the impaired state of the digestive organs, that the most mild and bland food affords much acid and air : which may not always arise so much from a want of action in the *primæ viæ*, as the vitiated state of the secretions collected in it. These affections are not so apt to accompany the disease in its first stages, as after it has suffered some abatement ; but which has not entirely ceased, owing to a want of success in the cure when well managed ; but oftener, when from mismanagement, the disorder has assumed a chronic form. A Prolapsus Ani is among the most troublesome symptoms of this disease, and is always a sure mark of its violence. Children are most liable to this affection. The irritation excited by a prolapsed rectum, often induces a sudden mortification in that gut. The pain arising from Tenesmus, is sometimes excruciating indeed, and almost intolerable : and I believe the dangerous or safe termination of this state of fever, may often be estimated according to the greater or less severity of

this symptom. When the fœces are very offensive, it denotes great danger, particularly if attended with a hectic state of fever. When this state of fever is formed, and the stools are incessant and involuntary; when all the marks of depression, such as the hippocratic countenance—an hurried and almost imperceptible pulse—cold, clammy sweats—a vomiting and hiccoughing are present, they strongly indicate the approach of death; which, however, does not always take place; as I have seen most of these symptoms in the crisis of this disease, followed by a favorable termination of it.

As the Dysentery appears at the time of intermittents and remittents, so also it arises from the same causes, and is in fact only a different modification of the same disease. In confirmation of this, it will be only necessary to attend to its operations, which exactly correspond with those of other forms of fever; more especially in its several intermissions, remissions, and exacerbations; all of which may be observed in the several grades of this fever, with as much precision, as in the common intermittent and remittent: as during the intermission and remission of fever, there is a respite from the more aggravated symptoms, so also there is in Dysentery: and on the contrary, as in the exacerbations the symptoms are again heightened and become more distressing, such also is the course in this form of intestinal fever—attended with an increase of pain, more frequent stools, and in all respects more severe. Dr. Rush calls it “the most fatal and alarming form of intermittent.”

I suppose with him the cause of Dyfentery to consist in—

“ 1st, Predisposing debility.

“ 2d, Increased excitability in the part, in consequence of this debility ; and

“ 3d, Morbid excitement induced in the part, by the stimulus of distension from the blood ; and by the effusion of serum, lymph, or red globules in the weakened, and afterwards inflamed part.” That the different changes in the state of the atmosphere have a great share in producing this form of fever, is very well ascertained ; but that a cold and moist state is so peculiarly adapted to the formation of it, as some have imagined, is perhaps not quite accurate ; as it has been known to rage with equal or greater violence after a *warm*, and during a very *dry* state of the atmosphere : and Dr. Willis observes, that this epidemic which prevailed in London in the summer of 1660, was accompanied with very hot and dry weather. It has very justly been described as the offspring of low and damp situations ; but there are even variations in this respect ; as I have known the Dyfentery and intermittents of the common form take their station on the height of hills ; while the country below, and which was more immediately exposed to marsh miasma, was perfectly healthy. There does not therefore appear to be any one state of the atmosphere which is invariably concerned in the production of this disease. As the autumnal fevers are all attended with bilious discharges, it has led to the supposition that bile was intimately concerned in exciting them. That it has a share in the production of morbid excitement in the intestines on



many occasions, is, I believe, unquestionable. Animal effluvia is often an exciting cause of this, as well as other forms of fever; but, that it is more likely to induce it than vegetable putrefaction, is not probable.—Indeed, it is altogether certain, that animal effluvia has no specific effect in this way. The idea of putrescency in the fluids predisposing to this disease, must now be generally disbelieved; as it has been ascertained by the experiments of Dr. Sybert, that no such state of them can take place during life. It has been said, that those laboring under a scorbutic Diathesis, are more liable to attacks of the disease in question: if so, it cannot be presumed at this time, to be owing to any supposed putrescency that may prevail in the habit. Indeed, this liability to be affected in this way in those who have the scurvy, does not seem to exist. I before mentioned, that this disease was sometimes translated to the skin, and assumed the form of other affections; so also there are forms of disease transferred to the intestines, and take on the appearance of Dysentery. I once saw this remarkably verified. Of about fifty cases of Influenza which were under my care, the whole of them, in two or three days from the attack of this disease, terminated in the Dysentery. The catarrhal affection immediately subsided; and, in those persons in which the Influenza was most severe, so was the Dysentery that followed. Dr. Rush observes, that the Influenza is often a precursor of pestilential disease, and that it frequently arises from crowded assemblies. The accuracy of this observation was confirmed in the cases alluded to above.

The crew of the Philadelphia frigate was not af-

fected with this disease until after we\* had been at sea for several weeks, when it suddenly made its appearance and became universal; and, as suddenly *disappeared*, after taking on the form before mentioned. The contagious nature of Dyfentery has been generally admitted: but, while on the one hand some have supposed it to fall little short in this respect of the measles, the plague, or the small-pox—others have contended that it is not *uniformly* so; and some have asserted that it is *never* infectious. To this latter opinion, I cannot entirely agree; but, that it is rarely so, I am well convinced: perhaps not much more so, than the common form of intermittent and remittent fever. Of about a hundred cases which I once had under my immediate notice, many of them of a desperate kind, it did not appear to be communicated from one to the other; and, of the whole number of nurses that waited on the sick, not one was seized with the disease. This instance and others have induced me to suppose its contagious nature very inconsiderable. In the country when it prevails epidemically, I believe it to be scarcely ever contagious. In camps and situations peculiarly unhealthy—where, from a want of attention to cleanliness, and other causes, the miasma becomes highly vitiated, it may then become so. Cold has very properly been supposed to have a considerable share in the production of the disease; but, it is not conceived that it has any particular effect in this way, different from other debilitating causes. Cold strongly predisposes the body to the action of stimuli, and can thus be considered a cause of Dyfentery. When

\* The author acted as Surgeon of this frigate on a cruise in the year 1800.

the system is under the operation of cold, from sudden exposure to it, after being heated, it is then highly susceptible of the stimulus of contagion. I before suggested, that the form of disease under consideration was most likely to occur, where, with predisposing debility in general, there was a particular enfeebled state of the stomach and intestines. The causes which act more immediately in inducing a state of debility in the stomach and intestines, are—

1st, Improper aliment—as the immoderate use of unripe fruit. Dr. Rush observes, that the country people are most subject to this disease on account of their using this article to excess.

2d, Animal food of difficult digestion, and of an unwholesome quality.

3d, The too free use of vegetables, without a proper mixture of animal food.

4th, The vegetable acids—vinegar, &c.

5th, Unwholesome water.

In a debilitated, and consequently excitable state of the intestines, it only requires the action of stimuli to create the disease in question; and this happens from their being either immediately or more remotely applied.

Dr. Mosely observes, that *accidental stimuli* in the bowels have often caused this disease; and a little rhubarb and laudanum have often cured it. Fabricius Hildanus mentions a person to whom the eating of mushrooms had almost proved fatal by the same disease. Ælian says, that Tachos, an Egyptian, a remarkable healthy man in his own country, lost his life by a Dysentery in Persia, which

he brought on by changing from his accustomed diet, to that of the luxurious Persians. Amatus Lusitanus says, the people in India and Egypt have Dyfenteries, from eating the flesh of animals that feed on Cassia Fistula. The causes acting more remotely, are, marsh and human effluvia—the alternation of heat and cold—the passions of the mind—contagion and intemperance.

There is, perhaps, no state of fever with which we are acquainted, in which the aid and interference of a physician is more essentially required, than in this under consideration. It is one of the worst of diseases to be entrusted to the care of nature. As in its first formation it is “misplaced and irregular,” so it continues to preserve that form throughout its whole progress, and in all its operations. The incessant pain accompanying it, with the frequency of stools, and other urgent symptoms, have induced attendants, and even physicians to adopt the humane plan of affording temporary relief; and for this purpose have been led to prescribe medicines, which, although they soothe the insidious enemy for the moment, are only calculated to suspend the contest, until she can accumulate vigor to renew the attack with increased violence. *This treatment*, with the seclusion of the sick from the access of pure air; and the inattention to renewing that in which they are more immediately confined, has probably deprived the world of many valuable lives. The want of cleanliness has likewise been productive of much mischief. I have seen several cases in which worms were generated in the rectum for want of attention to this circumstance. Without due regard to the early application of pro-

per means, the Dyfentery is one of the moſt ſevere ſcourges that afflicts mankind.—And on the contrary, with the advantage of pure air, good medical and other attendance, it may in common be expeditiouſly cured. I ſhall now paſs on to the more important part, and which relates to the cure. It is a common ſaying, “ that an *ounce* of *preventive* is worth a *pound* of *cure*.” As it relates to this diſeaſe, the adage is ſomewhat applicable. During the prevalence of Dyfentery, various means to avoid it have been made uſe of with ſucceſs. As it generally appears in thoſe ſeaſons when there is great irregularity in the temperature of the weather, and when the ſultry heat of a ſummer’s day is ſucceeded by the chilling dews of autumn, it will naturally be infered, that the regulating the clothing conformably to theſe changes, muſt be a very neceſſary precaution. Among other articles well adapted to the defence of the body againſt ſudden alterations in the weather, is flannel; and which ought to be worn next the ſkin. During the prevalence of epidemic diſeaſes, the regulating of the excitement and excitability of the ſyſtem, is of the utmoſt importance in order to avoid them. Nothing contributes, perhaps, much more to this effect, than a regular and healthy action on the ſurface of the body; and to answer this intention, the moderate and careful uſe of the cold bath is a powerful auxiliary. It not only keeps the ſkin clean, but gives tone to the perſpiratory ſyſtem. The inhabitants of warm climates have long experienced the invigorating effects of this invaluable remedy. It is likewiſe of conſequence to be circumſpect in diet, and in particular to avoid all thoſe articles which



were spoken of as having a tendency to debilitate the stomach and intestines. The aliment should consist of such as is cordial, and of easy digestion, without being entirely confined to either an animal or vegetable diet—particularly the former. The great advantage of avoiding exciting causes, does not consist alone in warding off the disease; but by thus *preparing the system*, its attacks are rendered much less formidable. The necessity of cleanliness cannot be too strongly enjoined.—The neglect of it is the source of many evils—it spreads contagion and death. The welfare of one alone does not depend on it—it involves, perhaps, the fate of hundreds. The benefits of admitting pure air into the patient's apartment, need not be urged.—It is the most certain method of correcting the foulness of the air in which the patient is more immediately confined. As to the temperature of air most favorable to the conducting of the cure, perhaps a middle state as to heat and cold is to be preferred. The great prostration of strength that early takes place, is often accompanied with much anxiety of mind, depression of spirits, and an abandonment of the hopes of recovery. To remove these apprehensions as far as may be practicable, will therefore require immediate and constant attention. It is here that we act in the double capacity of physician and friend.—And it is here that the feelings of humanity should in a particular manner be roused into sympathy.

Having premised these observations, I shall now confine myself to an account of the remedies most approved of in the cure; and

## I. *Of* BLOOD-LETTING.

So much depends on the state of the system, the violence of the disease, and other circumstances, that the indications of cure vary very much ; but blood-letting is generally necessary.—It prepares the way for the successful use of other evacuants. After the disease is completely formed, this operation can very seldom be dispensed with, with propriety.

## II. PURGES.

These should consist of either the Muriate of Mercury, Sulphate of Soda, Sulphate of Magnesia, or Castor Oil. The purge which I have seen most successfully employed, is the Muriate of Mercury ; succeeded in a few hours by a small dose of Sulphate of Magnesia. I should prefer the Sulphate of Magnesia to the Sulphate of Soda, as it is in general more acceptable to the stomach.

## III. EMETICS.

It may sometimes be necessary to give these, with an intention of exciting vomiting alone.—They appear to be most beneficial, when exhibited in such a manner as to act cathartically also.—In this double action, they very seldom fail of exciting another very salutary evacuation by perspiration. The emetics most in use are, the Vitrum Antimonii, stibiated Tartar, and Ipecacuana.

## IV. SUDORIFICS.

These have been highly extolled of late, particularly the medicines mentioned under the head of

emetics. To these may be added Opium, Camphor, and the Muriate of Mercury.

#### V. OPIUM.

This is a sovereign remedy, when the stomach and intestines are prepared to receive it. It calms the system, and allays that inordinate irritation so constantly attendant on the disease.

#### VI. MERCURY

Has been used with the greatest success in every stage. It is, perhaps, most useful when the disease inclines to a chronic form: it is then almost a specific.

#### VII. BLISTERS

Are deservedly ranked among the most valuable of remedies, particularly if applied to the abdomen, when the disease is in a forming state. *They draw it to the surface.* I have recently seen an instance of it. In about four or five hours after the application of a large blister to the abdomen, a high degree of inflammation succeeded, which was more severe and extensive than I had ever observed follow the use of one before. The Dysentery, however, disappeared; and the patient had the satisfaction to find himself perfectly relieved from every symptom of it, by the time the blister was healed.

#### VIII. *The* PERUVIAN BARK

Has lately been introduced into practice in all stages of the Dysentery. Dr. Wistar informed me, that a physician at Derby, Pennsylvania, had used it in this way, and entertained a very high opinion of its efficacy. I shall briefly state the practice



which I have seen most successfully employed in the cure of this disease. As I observed before, it will generally be found necessary to commence with blood-letting—and which is to be repeated as often as the pulse indicates. In a short time after the venesection, it will be proper to administer a purge, consisting of Muriate of Mercury, and Sulphate of Magnesia—from 6 to 12 grains of the former, and half an ounce of the latter. The Sulphate of Magnesia is to be given four or five hours after the Mercury. When the purge has operated sufficiently, it will be proper to give an anodyne, combined with some sudorific medicine: for this purpose, one grain of Opium, and one of Ipecacuana will be found useful. On the second day, if further evacuation from the stomach and intestines is deemed necessary, (which may be determined by the state of fever, the nausea, and gripes,) a combination of two scruples of Ipecacuana, and one grain of stibiated Tartar may be divided into four parts; one of which is to be exhibited every hour and a half, until they operate both emetically and cathartically; which should be promoted, until the stomach and intestines are well cleansed: afterwards, a sudorific pill, of the composition before mentioned, is again to be taken. But, if after the first bleeding and purge, the disease should so far abate as not to require the vomit, either of the following formulas may be given in the manner hereafter prescribed. First—7 or 8 drops of Laudanum, with 30 or 40 of antimonial Wine, to be given every three hours. Second—a third of a grain of Opium, one and a half or two grains of Camphor, and one third of a grain of Ipe-

*cacua*na, formed into a pill, and given every two hours and a half. Or third—7 and a half grains of Opium, 9 of Muriate of Mercury, and one scruple of Camphor, to be made into 18 pills—one to be taken every three hours. The sudorific effect of these medicines, may be promoted by drinking sage tea, moderately tepid. By persevering in the use of either of the above prescriptions, with occasionally interposing a purge, a vomit, a bleeding or blister, or all in regular succession, I have very seldom known them fail of success; especially, if the system is kept reduced to that point, in which the sweating process may be carried on with ease. If a dangerous debility is likely to arise, the use of the Peruvian bark, with or without Wine, will be found necessary: and the following formula of sudorific medicine, is to be given at the same time.—Opium and Ipecacua<sup>n</sup>a, each three grains, to be formed into three pills, and to be given one at a time, at proper intervals, in the course of twenty-four hours. The bark appears to be most effectual, when a determination to the surface is kept up during its use. By attending to this circumstance, I have seen it advantageously employed in a very early stage. The chronic Dysentery will generally yield to a salivation, and the Peruvian bark. The acidity which sometimes abounds in the stomach, and often occasions much distress, may be corrected by taking the Salt of Tartar, and Peruvian Bark. In ulceration of the bowels, the different Balsams have proved very useful.

On the subject of the cure of this formidable disease, physicians widely differ. Some having a view only to the local affection, have com-

menced the cure with opiates and astringents; but, happily, this practice has fallen into discredit. At a very early period of the disease, it is probable that a large dose of Opium would cure it; but the exhibition of this remedy, requires a very nice calculation of the grade and progress of the disease. Were it empirically and indiscriminately used in the first stage, it would be very injurious. The mode of cure by *sweating*, is a judicious one under *certain restrictions*. It has been followed with success, after previous evacuations, for more than a century. Dr. Mosely's practice in the West Indies, confirms its utility: but, as he has admitted the definition given of this disease by the illustrious Sydenham to be correct, viz.—“that it is the fever of the season turned upon the bowels,” it appears somewhat mysterious that he should make no discrimination in his plan of treating it, whether it was an intermittent or a yellow fever that appeared in this form; for although he recommends bleeding, and other evacuations, his chief reliance is on *sweating alone*; “and by which (he observes) all violent degrees of Dysentery, let the species or description be what it may, when the *primæ viæ* are cleansed properly, may be cured, if they are curable at all.” To the enervated habits of the West-Indians, such a practice may possibly be adapted. In several attempts which I have seen made to treat it in this way from the *beginning*, the disease was evidently aggravated.—It was always found best to commence with other evacuations. In warm climates, where the progress of the disease is rapid, and great debility suddenly succeeds, there may

be cases in which laxatives and purges are unnecessary, and even injurious. I have never seen such. I would ask, what could be expected from the antimonial powders of Dr. Mosely, in the cure of the yellow fever of the U. States that has assumed the intestinal form? To commence the cure of Dysentery in this climate *indiscriminately*, if ever, with sudorific medicines, without a view to their evacuating powers *otherwise*, would, in my opinion, be a very fruitless, if not a dangerous practice. Whenever there is a failure in bringing on a Diaphoresis, especially if in order to promote it, the patient has been confined to a warm apartment, and making free use of tepid drinks, much harm may ensue. It is emphatically adding "fuel to the flame." The difficulty, and almost total impracticability of keeping up a perspiration in high grades of fever, attended with local inflammation, have long since discouraged physicians from relying on it in Phrenitis, Pleuritis, Hepatitis, &c.—and the same reasons that lead to a want of dependence on it in these diseases, extend in a proportionate degree to the management of Dysentery. Dr. Mosely, in confirmation of the certain and uniform success of his plan of cure, gives the following account:—

"In the West-Indies, in the presence of several of the officers of different regiments, who were desirous to be spectators to a fact so interesting to the army, a soldier has been taken in the worst condition of the disease, with blood running from him, as in an hæmorrhage from a wound, and in the utmost agony: I have given him three grains of the common *Glass of Antimony*, finely prepared, and made into a small pill: this, perhaps, has operated

upwards and downwards ; but in promoting its operation to the skin, those other operations ceased, and a violent sweat has ensued ; which was kept up by warm herb teas, and now and then small doses of Laudanum ; which may always be given with safety, and without any of its usual inconveniencies, while the patient is sweating ; which is a fact worthy the attention of practitioners. Even the first stool, after the sweating has been raised, has been less bloody ; and the third or fourth, frequently scarcely tinged. Such is the power of *revulsion*."

There are some peculiarities attending this disease, that require a treatment *sui generis*—distinct from the general indications. Thus, we meet with instances, in which the distress from pain, both as relates to a general spasmodic affection of the intestines, and the tenesmus, which are so severe as to be unrestrained by the common remedies.—In such cases, the inducing a sudden relaxation of the system, as well as promoting a perspiration, contribute very much to their relief : and this intention is happily answered, by the use of the warm bath. The tenesmus may in general be relieved by emollient glysters, with sweet-oil and laudanum. It will likewise be found of consequence in such cases, to make a free use of gelatinous food—as Sago, Salep Tapioca, Rice, Barley, and the like : but if these substances should be found to be too irritating, as they sometimes are, the diet should consist of toast and water alone.

M. de Senac mentions his having cured himself and several others, by taking nothing but large quantities of warm water, for five or six days to-



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gether. He likewise observes, that after bleeding, and a vomit of itibiated Tartar, the whole cure consisted in giving a grain of that antimonial preparation, dissolved in a pint of common whey or chicken-water, in divided portions, every day, for all food, drink, and medicine.

For ulcerations and apthæ in the mouth and throat, the decoction of the bark, with or without allum, is a very proper gargarism.

When patients are in a state of convalescence, it will require the greatest vigilance on their part, to prevent a relapse; which they will be very liable to have, by committing irregularity or excess in their habits of eating or drinking; or by improper exposure to a damp and cool air. They should in a particular manner abstain from acids. By observing these precautions—with the aid of warm clothing, moderate exercise, a light nutritious diet, and some gently stimulating drink—as brandy and water, spirit and water, or good wine, they will gradually be restored to their pristine health.







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